

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

**For office use only**

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****STATE TRAINING SCHOOL**Name of Department or Office  
3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address

City, State, Zip Code

641-458-5492

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@dhs.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Wal-Mart

Name

840 S. Oak Street

Iowa Falls, IA 50126

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

12/6/12

\$100.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

\$100 donation to be used towards the Student Religious Activities account

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

*Kristin Hagedorn*  
Signature

12/07/12

Date

Revised 08/08

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****STATE TRAINING SCHOOL**

Name of Department or Office  
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address  
 641-558-5402

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kristin Hagedorn

Name

Mailing Address (if different from above)

khagedo@ihs.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Rhonda Deters

Name

19808 E Avenue

Wellsburg, IA 50680

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

12/7/12

\$250.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

\$250 donation to State Training School "Reading Is Fundamental" program/books for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn  
 Signature

12/07/12

Date

Revised 06/08

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****STATE TRAINING SCHOOL**

Name of Department or Office  
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address  
 641-358-5482

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kristin Hagedorn

Name

Mailing Address (if different from above)

khagedo@dhs.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Deb Meints

Name

19325 Z Avenue

Steamboat Rock, 50672

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

12/7/12

\$350.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

\$350 donation to State Training School "Reading Is Fundamental" program/books for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

*Kristin Hagedorn*  
 Signature

12/07/12

Date